

## Multi-generational Communication: Bridging the Workplace Age Gap

Workplace diversity has many dimensions, including generational affiliation. This is due to the fact that as society, media and technology evolve, the way individuals communicate with and relate to one another changes too, sometimes dramatically.

Age-related differences within any workforce – including healthcare staff – can significantly affect communication patterns and group cohesion. Unless these differences are directly addressed, they may lead to friction and misunderstanding between colleagues. In addition, because effective communication and teamwork are so essential to the delivery of high-quality care, potential generational gaps and clashes are a cause of concern in terms of patient safety and risk management.\*

This edition of *AlertBulletin*® examines the issue of age-related diversity in a healthcare context. It offers three basic strategies designed to keep a multi-generational workforce – representing a mix of backgrounds, formative experiences, affinities and perspectives – informed, connected and engaged.

### GENERATIONAL COMMUNICATION STYLES

Today's workforce consists largely of three generations: Baby Boomers (born 1946 to 1964), Gen Xers (born 1965 to 1982) and Millennials (also known as Generation Y, and born 1983 to 2000). Each of these cohorts has its own communication habits and preferences, as summarized in Figure 1, at right.

By becoming aware of generational nuances and adopting a wider range of media and strategies, healthcare leaders can communicate (and encourage others to communicate) in a more inclusive, appropriate manner. And enhanced communication means fewer errors, better morale and reduced liability exposure.

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**Figure 1: Typical Communication Preferences by Age**

#### BABY BOOMERS (approximately age 54 to 72)

- Face-to-face discussions or phone calls.
- Detailed memoranda and action plans.
- Personal interaction in group settings.
- Familiar social media networks with user-friendly interfaces.

#### GEN XERS (approximately age 36 to 53)

- Voice mail or email.
- Short and direct messages.
- Quick responses to inquiries.
- Casual social media interactions.

#### MILLENNIALS (approximately age 18 to 35)

- Digital media, e.g., email, texting, "Tweeting."
- Simple, to-the-point explanations and action plans.
- Group interactions over one-on-one encounters.
- Blog formats for disseminating information within a group.

\* A [recent study](#) finds that communication failures were a factor in 30 percent of the examined hospital malpractice cases, leading to over 1,700 patient deaths and \$1.7 billion in costs.

## 1. INCREASE EMPLOYEE AWARENESS OF COMMON GENERATIONAL TRAITS.

All levels of staff should be trained to understand the attributes that each generation brings to the table. By understanding how different age groups tend to perceive and navigate the workplace, staff members can work with each other more effectively, and leaders can better convey organizational norms and performance expectations. Smoother interactions translate, in turn, into enhanced teamwork and morale, as well as fewer communication lapses that can compromise quality of care and patient/resident safety.

Training sessions should discuss the three major generational groups' work-related strengths, tendencies and viewpoints, as summarized in Figure 2, at right.

For additional insights, see Putre, L. "[Generations in the Workforce.](#)" *Hospitals and Health Networks*, January 1, 2013.

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Figure 2: Common Generational Working Styles

### BABY BOOMERS (approximately age 54 to 72)

- View work and relationships as closely connected.
- Prefer to solicit input from colleagues in roundtable and brainstorm sessions.
- Expect co-workers to document their actions and follow-up measures.
- Are skilled at interpreting body language and managing interpersonal conflict.
- Tend to be natural leaders and expert communicators in emergency or high-pressure situations.

### GEN XERS (approximately age 36 to 53)

- Skilled at multi-tasking.
- Are direct and straightforward with co-workers, sometimes to the point of irreverence.
- Prefer short meetings with focused agendas.
- Strive for feedback and offer it freely in return.
- Are motivated by well-defined team goals and tangible incentives for meeting them.

### MILLENNIALS (approximately age 18 to 35)

- Prefer working in groups over individual assignments.
- Prosper in mentor relationships with older colleagues.
- May be offended when co-workers fail to use their preferred mode of communication.
- Tend to resist complying with what they see as old and/or inefficient processes.
- Are prone to analyze situations and offer suggestions.
- Sometimes react poorly to criticism or judgment from upper management or older co-workers.

### QUICK LINKS

- "[Adapting to Generational Differences in the Workplace.](#)" Colorado Hospital Association's *Board Brief*. Updated August 2014.
- [Managing an Intergenerational Workforce: Strategies for Health Care Transformation.](#) Issued by the American Hospital Association, Committee on Performance Improvement. Chicago: Health Research & Educational Trust, January 2014.

## 2. CUSTOMIZE COMMUNICATION PRACTICES.

In a multigenerational workforce, over-reliance on one specific medium or format may alienate age groups that are more receptive to other modes of communication. Leaders must be flexible and develop a communication strategy that addresses generational diversity while maintaining organizational standards.

To maximize staff buy-in, administrators should encourage work teams to discuss these matters and reach consensus. This is especially important in regard to transitional situations or clinical briefings, where communication lapses and consequent errors and incidents are most apt to occur. Colleagues should agree upon one or more patient transfer technique(s), such as SBAR (i.e., Situation, Background, Assessment, Recommendation), call-out, patient handoff, check-back and/or "I Pass the Baton."

The observations in Figure 3 (at right) can help stimulate organizational discussion about how best to communicate and work with colleagues and teammates.

While a customized communication strategy can help enhance teamwork and efficiency, the shift to more informal digital media increases the potential for imprecise and unprofessional interactions. To address this risk, healthcare facilities should adopt baseline rules regarding the content, usage and punctuation of text messages, emails and other abbreviated electronic formats. The following suggested guidelines can be tailored to meet organizational needs:

- **Prohibit use of non-standard abbreviations**, idioms and colloquialisms in text messages.
- **Review the provisions of the HIPAA Privacy and Security Rules** and adhere to them in patient-related messages.
- **Keep text messages short**, responding to more complex matters via email or telephone.
- **Discuss critical issues face-to-face**, bearing in mind that bad news should never be conveyed via impersonal electronic media.
- **Avoid using ALL CAPS or excessive punctuation (e.g., ??? or !!!) in clinical inquiries**, as they may create misunderstanding, irritation and/or an undue sense of urgency.
- **Refrain from texting in a meeting, grand round or bedside huddle** if the recipient is physically present.
- **Expressly request an immediate response to text messages or emails** if one is desired.
- **Do not text off-duty colleagues about clinical matters** without their prior authorization.

In addition, healthcare facilities and practices should consider offering ongoing staff training sessions to reinforce appropriate workplace use of digital communication methods, such as mobile phone texting, emailing and social media posting. (For more information, see CNA *AlertBulletin*® 2010 - issue 3, "Electronic Media: Sound Policies Maximize Benefits, Minimize Improper Use," republished in 2017.)

**Figure 3: Age-attuned Communication and Relational Strategies for Staff**

### **BABY BOOMERS** (approximately age 54 to 72)

- Use semi-formal and professional language.
- Avoid slang or profanity.
- Speak respectfully.
- Couple verbal instructions with written plans.
- Link messages to the team's goals and strategic mission.
- Offer seminars, presentations, videos and written material for training purposes.

### **GEN XERS** (approximately age 36 to 53)

- Minimize "corporate-speak."
- Clearly state the central message and expected actions.
- Communicate via visual means to the extent possible, rather than relying upon detailed verbal narratives.
- Utilize online forms of communication.
- Maintain frequent contact and close the loop through follow-up messages.
- Offer web-based tutorials and blogs for education and training.
- Explain how the requested action benefits the staff member as well as the organization.

### **MILLENNIALS** (approximately age 18 to 35)

- Keep messages focused, avoiding formal memorandum style.
- Deliver messages digitally, using the organization's website or Facebook page.
- Remain positive and encouraging, using gentle humor when appropriate.
- Never be sharp, sarcastic or ironic.
- Link messages and requests to the achievement of personal goals.
- Employ eye-catching technology to deliver messages.

### 3. UTILIZE 'COLLABORATION TECHNOLOGY.'

Next-generation software products and applications are helping healthcare organizations enhance communication among an increasingly age-diverse and mobile workforce. By incorporating features such as unified messaging, video conferencing and web collaboration, these cutting-edge networks permit providers to interact from a distance and share information quickly and efficiently, using the device and medium of their choice. (For a discussion of collaborative technology and a list of criteria when choosing a software solution, see Remond, M. "[What's the Future of Healthcare? It's Collaboration.](#)" *Healthcare IT News*, July 15, 2014.)

To realize the full potential of collaboration technology, leaders must select a platform that meets users' needs, strengthens their capabilities and is aligned with their work practices. The "3 E's" tool is designed to help administrators determine if a prospective application is *easy to use* for Baby Boomers, *efficient* for GenXers and *engaging* in a way that appeals to Millennials. (See Reese, S. "[Healthcare Collaboration Across Three Generations.](#)" *Information Week*, July 25, 2014.)

Intergenerational differences are a real issue in many workplaces, but an effective communication strategy can help minimize potential disconnects. By acknowledging age-group traits and predilections, tailoring messages and media to recipients, and utilizing innovative and carefully selected technologies, healthcare leaders can bolster interaction and cooperation throughout the organization, thereby enhancing safety and efficiency while minimizing risk.



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